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PATENT NUMBER and ISSUE DATE

U.S. UTILITY Patent Application

APPLICATION NUMBER	FILING DATE	CLASS 4-35	SUBCLASS	GROUP ART UNIT	EXAMINER
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NOTICE OF ALLOWANCE MAILED			CLAIMS ALLOWED			
·		Assistant Examiner	Total Claims		Print Claim for O.G	
ISSUE FEE			DRAWING			
Amount Due Date Paid		Sheets Drwg.	Figs.Drwg.	Print Fig		
	1	Primary Examiner		_I		
TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application Examiner			
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UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO) Charitta Burt, Paralegal U. S. Application No. 10 Publication Date _____/11/5 Ol Publication No. WQ 1001 PCT/RO/101 ___ Copy of ISR (), Copy of IPER Assignee information: _ 60 393 439 date Priority Info: Country________ No. Correspondence checked: Inventor Name checked: FHEN (V) Inventor Residence city: WINHOWK state and/or country FL citizenship: International Application No. PCT Language Copy of ISR: _____ Copy in International Application: _____; Translation: yes_____no____ spec. page no. ____ 371 Filing Fees: <u>50</u>; meets Art. 33(2)-(3) Low fee applies: ___ Total Claims: 38 Chargeable 38 Independent 2 multiple/46Number of drawing Sheets: _____ Foreign language: ___ Oath/Declaration: _____; signed ____unsigned ___defective___completed ____ Small entity fee: ____; SME papers: yes ____ no ____ Bio Seq. Diskette: Miss entered Bio Seq. Listing: statement Wiss References ____. Copy of IPER: ____; Annexes: entered not entered Preliminary Amendment(s): ____date: _____;2nd amendment date_____ IDS: _____ DATE: _____ 2nd DATE Request for Immediate Examination: Substitute Specification: ____ date: ____ Assignment: ____ forwarded to Assignment branch date: ____ Priority Document(s): _____ date _____; Number of copies included _____ Power of Attorney: Abstract: ______, Article 19 Amendment: ______; replaced by Article 34 Amdt. _____ Date of 35 USC Receipt of Request: 230,04 Notes: **Date Completion USC 371 Requirements:** Notice of Missing Requirements 19/1/20 105 Notice of Defective Response: Notice of Acceptance: Notice of Abandonment: ______ Petition to Revive: _____; Petition 1.47: Other forms: _____ Extension of time: Number of months ____